

MEDICATION WAIVERS

CLASS 3: CHRONIC USE REQUIRING WAIVER

Revised January 2002

AEROMEDICAL CONCERNS: These medications are generally given for treatment of underlying conditions which require a waiver, may have significant side effects, or require significant evaluations as follow-up for safe use.

WAIVERS: May receive favorable waiver recommendation only on an individual basis for treatment or control of certain chronic conditions. The underlying disease process may also require a waiver. Other medications may be waivable upon complete presentation to ACAP but often require extensive evaluation before approval.

INFORMATION REQUIRED: Complete AMS with full details of drug use and underlying condition is required. Specific requirements are given under each drug or drug category listed below. Other requirements as dictated by the underlying medical condition may also be added at the discretion of the Consultant, Aeromedical Activity.

ALLERGIC RHINITIS AGENTS: (See Allergic/Nonallergic Rhinitis APL) When used chronically and recurrently for allergic rhinitis, they are considered Class 3.

Antihistamines: Fexofenadine (Allegra), and Loratadine (Claritin), (all other antihistamines are Class 4 [non-waiverable] this includes Cetirizine (Zyrtec)).

ANTIHYPERTENSIVES: (See Hypertension APL) Waivers are recommended for medication class, not individual medications. Use of any of these drugs requires a 3 day (6 reading) blood pressure check and laboratory values as indicated for each medication class. A current (within 90 days) set of laboratory results is required on the annual FDME.

Ace Inhibitors: CAPTOPRIL (Capoten), ENALAPRIL (Vasotec), LISINOPRIL (Zestril), BENAZEPRIL (Lotensin), FOSINOPRIL (Monopril), QUINAPRIL (Accupril), RAMIPRIL (Altace), TRANDOLOPRIL (Mavik), MOEXIPRIL (Univasc). Required labs: Chem -7 in first 7 to 10 days of therapy to evaluate effect on BUN, creatinine and Potassium levels and then this will be required every 3 months for the first year of therapy, followed by annual reporting of these levels on FDME.

Angiotensin II Receptor Blockers: LOSARTAN (Cozaar), Valsartan (Diovan), Irbesatan (Avapro), Candarsartan (Atacand).

ACE and ARB II in Combination with approved diuretics may be used.

Alpha Blockers: PRAZOSIN (Minipress), DOXAZOSIN (Cardura), TERAZOSIN (Hytrin).

Beta Blockers: ATC PERSONNEL ONLY- ATENOLOL (Tenormin), METOPROLOL (Lopresor), PROPRANOLOL (Inderal). These are considered Class 4 medication for all other aircrew.

Calcium Channel Blockers: AMLODIPINE (Norvasc) can be used with waiver in any aircrew member. ATC PERSONNEL ONLY - VERAPAMIL (Calan), NIFEDIPINE (Procardia), DILTIAZEM (Catapres). These are considered Class 4 medications for all other aircrew.

Clonidine: ATC PERSONNEL ONLY – This is considered Class 4 medication for all other aviation classes.

Diuretics: Thiazide, Potassium-sparing, and combinations. All LOOP DIURETICS are Class 4 medications and will not be waived. Required labs: Thiazide use requires annual serum glucose, BUN, creatinine, and serum uric acid. Thiazides may alter serum cholesterol and triglycerides; therefore, monitor lipid profile after 6 months of therapy and then annually. Use of any potassium sparing diuretic requires serum potassium level every 6 months. TRIAMTERENE (Dyrenium) requires platelet count and CBC with differential every 6 months.

ANTI-INTRAOCULAR HYPERTENSION/GLAUCOMA AGENTS: (See Glaucoma APL)

Acetazolamide (Diamox): Must be free of side effects for 48 hours before resuming flying duties. Check for alterations in potassium and uric acid early in the treatment program. Must submit CBC, platelet count, and serum electrolytes with annual FDME.

Betaxolol (Kerlone), Dipiverin (Propine), Levobunolol (Betagan), Timolol Maleate (Timoptic), Dorzolamide (Trusopt), Latanoprost (Xalatan).

GI MEDICATIONS:

All antacids (chronic use) and medications listed below are Class 3 except as noted. No additional requirements for a waiver other than the complete evaluation of the underlying condition and documentation of medication efficacy.

Antacids: Chronic use is Class 3. Occasional or infrequent use is Class 1. Check electrolytes when used chronically.

H2 Blockers: CIMETIDINE (Tagamet), RANITIDINE (Zantac), FAMOTIDINE (Pepcid), NIZATIDINE (Axid). Occasional drowsiness is associated with these medications. When treatment is first initiated, a 72-hour observation while the aviator is DNIF is required to ensure the absence of any significant side effect.

Proton Pump Inhibitor: Omeprazole (Prilosec), Lansoprazole (Prevacid), Pantoprazole (Protonix), Rabeprazole (Acifex), and Esomeprazole (Nexium).

Pepto Bismol: Class 2A for diarrheal prophylaxis.

Loperamide (Imodium): Class 2A for treatment of minor diarrhea if medical condition is not a factor and no side effects for 24 hours.

Motility Enhancing Agents: Class 4, not waiverable. METOCLOPRAMIDE (Reglan).

Sucralfate (Carafate): Class 2A provided underlying condition does not require waiver.

HORMONAL PREPARATIONS: Class 3 medications unless specified otherwise below. Chronic use of any systemic steroid requires monitoring of liver functions every 6 months for the first year and annually thereafter. Lipid profile required annually for systemic steroids. Report on annual FDME.

Clomiphene Citrate: (Clomid) Documentation of infertility evaluation required. Must be free of side effects for 24 hours before resuming any aviation duties. See systemic steroid requirement.

Estrogen/Progestin Preparations: Class 2A medication when used solely for contraception or hormonal replacement following menopause or hysterectomy. Class 3 when used for any other condition. See systemic steroid requirements above.

Finasteride (Proscar): See systemic steroid requirements above. Document improvement in both objective and subjective signs for hyperplasia on annual FDME. Document annual digital rectal exam on FDME.

Intranasal Steroid Preparations: (See Class 2A Agents APL)

Orally Inhaled Steroid Preparations: BECLOMETHASONE (Vanceril, QVAR), FLUNISOLIDE (AeroBid, AeroBid-M), FLUTICASONE (Flovent), TRIAMCINOLONE (Azmacort), and Budesonide (Rhinocort) inhalers may be approved. Full aeromedical summary with justification for use required.

Testosterone: DITATE, TESTAVAL have been approved. See systemic steroids for requirements. Full aeromedical summary with justification for use is required.

Thyroid Preparations: LEVOTHYROXINE (Synthroid, Unithyroid, Levoxyl) is an acceptable treatment. Requires annual submission of complete thyroid function and ophthalmology evaluation.

MISCELLANEOUS AGENTS/TREATMENTS: Class 3 medications unless otherwise indicated. Appropriate medical evaluation is required. Waivers have been granted for each of the following agents under the appropriate circumstances and conditions.

Allopurinol: Annual CBC, BUN, creatinine, serum calcium and uric acid required with FDME.

B12 Injections: Annual CBC with indices, serum folic acid, and reticulocyte count required with FDME.

Botulinum Toxin

Desensitization Therapy/Injections: must be grounded for 12 hours (See AR 40-8).

Folic Acid: Annual CBC with indices.

Hydroxychloroquine sulfate: CBC, complete neuromuscular examination, and complete ophthalmologic exam are required on annual FDME.

Iron Supplements: Monitor and report serum ferritin and serum iron concentrations. Also report reticulocyte count and total iron binding capacity with annual FDME.

KCL Supplements: Annual ECG, serum potassium, BUN, creatinine, and serum magnesium required with FDME.

Metformin (Glucophage): Waiverable for class 2F, 3, and 4. (See Diabetes APL)

Mesalamine (Rowasa, Asacol, Pentasa): BUN, creatinine, and urinalysis required annually with FDME. Proctoscopy and/or sigmoidoscopy as indicated.

Beta 2 Agonists: Metaproterenol (Alupent), Terbutaline (Brethaire), Albuterol (Proventil; Ventolin), Salmeterol (Serevent), Bitolterol (Tornalate), Pibuterol (Maxair), Isoproterenol (Isuprel), and Formoterol (Foradil). Inhaled use only. Waivered only on a case-by-case basis. Monitor PFTs.

Olsalazine (Dipentum): CBC required every 6 months. BUN, serum creatinine, and urinalysis required annually with FDME. Proctoscopy and/or sigmoidoscopy as medically indicated.

Pentoxifylline (Trental)

Probenecid (Benemid): Serum uric acid, 24-hour urinary uric acid, BUN, and creatinine clearance are required with annual FDME.

Propylthiouracil (Propyl-Thyracil): CBC and thyroid function test (TFT) are required annually.

Sulfasalazine (Azulfidine): CBC required every 6 months. Proctoscopy and/or sigmoidoscopy as medically indicated.